

**SUSSMAN & GOLDMAN**

~Attorneys at Law~

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Of Counsel  
Christopher D. Watkins  
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Mr. Sussman should confer with Tracy Miller of the  
Clerk's Office regarding payment for his experts.

February 27, 2024

Honorable Cathy Seibel  
United States District Court – SDNY  
300 Quarropas Street  
White Plains, NY 10601

3/1/24

SO ORDERED.

  
CATHY SEIBEL, U.S.D.J.

re: *Voucher for expert services in USA v. Thomas, 20-cr-00021 (CS)*

Dear Judge Seibel,

I represent defendant Grafton Thomas. In that effort, I retained Mr. Michael Archer and Mr. Drew Caprood to re-construct Mr. Thomas' activities as related to the alleged offense and then to do an exhaustive history of his life/activities and mental illness. Their work was instrumental in my making the successful application for psychiatric review which found Mr. Thomas unfit to stand trial.

The attached voucher relates to this work and I am respectfully requesting that Your Honor authorize its payment. While I handled this matter *pro bono*, I would appreciate this assistance for the experts who helped.

Yours respectfully,

  
Michael H. Sussman

enc/

cc: USA by ECF

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE 0208	2. PERSON REPRESENTED Grafton E. Thomas	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 7:20-CR-00021-1-CS	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. Thomas	8. PAYMENT CATEGORY Expert Only	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Expert Only
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> 18:247.F			

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT	
As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:	
<input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ <u>\$11,000.00</u> OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of the statutory maximum, excluding expenses)	
Signature of Attorney <u>/S/</u>	Date <u>2/17/2020</u>
<input type="checkbox"/> Panel Attorney <input checked="" type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Michael H. Sussman - Bar Number: <u>3447</u> Sussman & Associates 1 Railroad Ave, Suite 3 Goshen, NY 10924 Telephone Number: <u>845-294-2991</u>	

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)	14. TYPE OF SERVICE PROVIDER
\$110.00/hour for 100 hours Investigative work, document review, forensic analysis	01 <input checked="" type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> (See Instructions) Other (Specify) 25 <input type="checkbox"/> Litigation Support Services 26 <input type="checkbox"/> Computer Forensics Expert
15. COURT ORDER	
Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Cathy Seibel /S/ Signature of Presiding Judge or By Order of the Court <u>2/18/2020</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	\$9,452.50		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>	<b>\$9,452.50</b>		

17. PAYEE'S NAME AND MAILING ADDRESS	
Drew Caprood 12 Mt. McGregor Road Gansevoort, NY 12831	TIN: <u>XX-XXXXXXX</u> Telephone Number: <u>5187420447</u>
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM <u>1/2/2020</u> TO <u>1/19/2020</u>	
CLAIM STATUS <input type="checkbox"/> Final Payment <input checked="" type="checkbox"/> Interim Payment Number <u>1</u> <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (---) (---)	
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.	
Signature of Claimant/Payee <u>/S/ /S/</u>	Date <u>6/21/2021</u>

18. CERTIFICATION OF ATTORNEY	I hereby certify that the services were rendered for this case.
Signature of Attorney <u>/S/</u>	Date <u>2/27/24</u>

## APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION \$0.00	20. TRAVEL EXPENSES \$0.00	21. OTHER EXPENSES \$0.00	22. TOTAL AMOUNT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed the statutory maximum, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds the statutory maximum.			
Signature of Presiding Judge		Date	Judge Code
24. TOTAL COMPENSATION \$0.00	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$0.00	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delogate)		Date	Judge Code Certified Amount

**Voucher Services Detail**

Date	Service Type	Description	Rate	Claimed Units	Claimed Amount	Audit Units	Audit Amount	Audit Notes
1/2/2020		Atty's office review evidence	\$95.00	7.10	\$674.50		\$0.00	
1/3/2020		Meeting atty office, FBI subpoena on atty evidence review, Fed CT appearance motion to Quash	\$95.00	8.30	\$788.50		\$0.00	
1/4/2020		review writings from cabin	\$95.00	14.30	\$1,358.50		\$0.00	
1/7/2020		Meeting atty office, review evidence, meeting with client's mother re. psych/social history	\$95.00	8.70	\$826.50		\$0.00	
1/8/2020		Meeting at atty office re evidence, residence re photos	\$95.00	8.30	\$788.50		\$0.00	
1/9/2020		Review writings from cabin	\$95.00	6.10	\$579.50		\$0.00	
1/13/2020		arraignment, meeting with client, attorney, and family	\$95.00	6.30	\$598.50		\$0.00	
1/14/2020		Review evidence, meeting with clients mother re hx	\$95.00	8.30	\$788.50		\$0.00	
1/16/2020		Ct appearance and evidence	\$95.00	7.10	\$674.50		\$0.00	
1/18/2020		review evidence	\$95.00	14.70	\$1,396.50		\$0.00	
1/19/2020		review evidence	\$95.00	10.30	\$978.50		\$0.00	

**Voucher Expenses Detail**

No Expenses Reported

**Voucher Withholding Detail**

Type	Amount	Notes
Withholding		
Release		
Reduction		
Total Withheld		
Certified Amount		